

Expedited Reinstatement Case
****Priority Handling****

From DO/FO# _____ **Date:** _____ **RE SSN#** _____

DO/FO Contact Name: _____ **Phone:** _____

T0 (check one):

☐ **DDS** _____

☐ **PC** _____ **Mod#** _____

DDS Instructions (check one):

☐ EXR Only – Case will be read in as CDR using CDT code 05

☐ EXR and Initial Claim – Decision needed on both

☐ New EXR; Initial Claim already at DDS – Associate both actions

☐ EXR Reconsideration

Other Instructions: _____

PC Instructions (For ODO/PC Use Only):

TOEL 1: DIPROV – TOEL 2: RESUME

Special Instructions (check all that apply):

Process Provisional ☐ POS Input Completed on _____

Process Web 101 ☐ CPS Input On _____

Currently Receiving CPS for Provisional

Provisional Payments ☐ Erroneously Input On _____

Other Instructions: _____

PC FAX Numbers

NEPC – (718) 557-5777

SEPC – (205) 801-3000

MAMPC – (816) 936-5470

OCO, Baltimore – (410) 597-0939

MATPC – (215) 597-5111

GLPC – (312) 596-0950

WNPC – (510) 236-8947

OIO, International – (410) 597-1800

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